



An educated choice

CHANGE OF MEMBER INFORMATION FORM

Please print all information and check all that apply.

Dear TVTFCU,

I am informing you of a change in my personal information.

Account # _____

☐ **NEW NAME** _____

I need a new ___ Debit Card ___ Visa Credit Card

☐ **NEW ADDRESS**

STREET

CITY

STATE

ZIP CODE

OLD ADDRESS

STREET

CITY

STATE

ZIP CODE

☐ **NEW PHONE NUMBER**

Home Phone _____

Work Phone _____

Cell _____

☐ **NEW EMAIL** _____

IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: MSR@TVTFCU.ORG, BY FAX: 860-253-4785, OR BY POSTAL MAIL.

MEMBER NAME

MEMBER SIGNATURE

DATE

FOR CREDIT UNION USE ONLY:

___ Virtual Branch ___ Health Savings Account (HSA) ___ Online Bill Pay ___ Debit Card
___ Visa Credit Card ___ Portico ___ Loan Department ___ Moody's

P 860-253-4780
P 800-749-8305
F 860-253-4785

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